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HEALTH CARE FACILITY

PAGE 21/21
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FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7505	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/09/2010
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MURFREESBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation it was determined the facility failed to comply with the Tennessee Department of Health building standards.</p> <p>The findings include:</p> <p>Observation of the bookkeepers office and the speech therapy office on 8/9/10 at 9:45 AM, revealed holes in the walls. Tennessee Department of Health (TDOH) 1200-8-6-.08(2)</p> <p>Observation of the Director of Health office, the rest room by the outpatient therapy area, and the 2nd floor shower room on 8/9/10 at 9:50 AM, revealed water stain ceiling tiles. TDOH 1200-8-6-.08(2)</p> <p>Observation of Resident room 165 on 8/9/10 at 11:00 AM, revealed the base board under the air conditioner was missing. TDOH 1200-8-6-.08(2)</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/10.</p>	N 832	<p>N832</p> <p>The Maintenance Director inspected the bookkeeper's office and the speech therapy office and revealed the holes in the walls. The bookkeeping office was repaired on 8/24/10. A door was ordered for the speech therapy office and was repaired on 8/26/10. The ceiling tiles were replaced in the Director of Health Office, the rest room by Outpatient therapy and the 2nd floor shower room on 8/10/10 and on-going. The baseboard under the air conditioner in room 165 was replaced on 8/11/10.</p>	8/26/10	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

Administrator

(X5) DATE

8/27/10

4400

FH1321

If continuation sheet 1 of 1